

Form CPF M 102: Campaign Finance Report TOWN CLERK'S OFFICE ARRINGTON, MA 02174

2021 MAR 31 AM 9: 02

Municipal Form Office of Campaign and Political Finance

of Massachusetts		Tile mist.	City Town City I and	
Fill in Reporting Period dates: Beginning Date:	'21 E	File with: Ending Date:	City or Town Clerk or I	Election Commission
Type of Report: (Check one)				
	-			
8th day preceding preliminary 8th day preceding election	30 day after elec	ction yes	ar-end report	dissolution
NICHOLAS MITAPADULUS	Committee &		Nicholas M	li thesasolus
Candidate Full Name (if applicable) ANLINGTON HOUSING ASSTROALTY	F. A. Ocaste	TESTION	ttee Name	
Office Sought and District	- Service		mittee Treasurer	
17 Stan IT Ad Longton, Ash 02479 Residential Address	17 JEAN	Ir Ant	astar M	01479
		Committee N	Mailing Address	
E-mail: N. MISADAONLUN & COMUNT. NAST			E WALLIF.	
Phone # (optional):	Phone # (optional):			
SUMMARY BALANC	INFORMATI	ION:		\neg
Sommer Bridge	AUCHMAI	1011.		
Line 1: Ending Balance from previous report			0	
Line 2: Total receipts this period (page 3, line 11)		2,	495.76	
Line 3: Subtotal (line 1 plus line 2)		Ze	781.76	
Line 4: Total expenditures this period (page 5, line 14)		2.	485,76	
Line 5: Ending Balance (line 3 minus line 4)			0	
Line 6: Total in-kind contributions this period (pa	e 6)		Ö	
Line 7: Total (all) outstanding liabilities (page 7)			0	
Line 8: Name of bank(s) used: TO BANK				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority of on behalf of this committee in a Signed under the penalties of perjury:	ntributions and liabilitie cordance with the requi	s for this reporting r	period and represents th c. 55.	mpaign finance e campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)			
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	est of my knowledge an	ments of M.G.L. c. 4	55 I have not received	ll campaign finance any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	n-kind contributions and	d liabilities for this r	reporting period and rep	Il campaign resents the
Signed under the penalties of perjury:	(Ca	andidate's signature)	Date: _3/	27/21

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer	
Date Received (alphabetical listing required)		Amount	(for contributions of \$200 or more)	
LOAN FROM			V. A. Comalecine Oplanse	
3/25/21	CANDIDATE	2,495.76	QUANTER IX COMPONION	
zi.				
Line 9: Total Recei	pts over \$50 (or listed above)	2, 485:76		
Line 10: Total Rece	ipts \$50 and under* (not listed above)			
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	2.481.76	Enter on mage 1 15 - 2	
If you have itemized		60 64, 00	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			L.
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Recei	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If have itemined	receints of \$50 and under include them in line	0 Y: 10 1	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	mittee name and a page number or Address	Purpose of Expenditure	Amount
3/26/21	Phenous	17B 6166 15 WORDER, RA 01831	MASLINS	2.485.76
9			·	
	,			
		,		
	-	Line 12: Total Expenditures ov	er \$50 (or listed above)	2.455.26
Line 13: Total Expenditures \$50 and under* (not listed above)			notes .	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	2,491:76

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		,		
			L	
		A control of the cont		
		-		
		Line 12: Expenditures over \$50	(or listed above)	
		Line 12. Expenditures over \$50	(or risted above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
* TC 1 '4		include them in line 12. Line 12 of		<u> </u>

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		,		
		,		
		,		
10				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
8 222	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				- Fuel of
				·
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			OING LIABILITIES (ALL)	0